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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

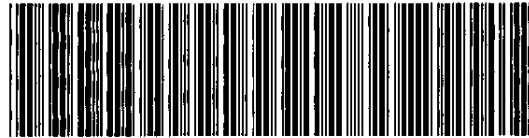
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Clorinda Meyers
AUTHORIZATION BY PHONE TO GAVE
CORRECT *add zip code to RA*
DATE *11/11/10*
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10 OCT 26 PM 3:08
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TALLAHASSEE FLORIDA

MRD
11/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Meyers Warehouse, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Clovina Meyers
Name of Person
Meyers Warehouse, Inc.
Firm/Company
14300 Chef Menteur Highway
Address
New Orleans, LA 70129
City/State and Zip code
Meyerswarehouse@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clovina Meyers at (504) 254-6060
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Meyers Warehouse, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 72-0847630
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/01/78 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. N/A
(Principal office address)

14300 Chef Menteur Highway, New Orleans, LA 70129
(Current mailing address)

8. Warehouse / Trucking
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Patrick Meyers

Office Address: 21250 G.S. Hwy. 27 N.
SOUTH BAY, FL, Florida 33493
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patrick Meyers
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Clovina Meyers

Address: 4930 Antonini
Metairie LA 70006

Vice Chairman: Milton Meyers

Address: 4930 Antonini
Metairie LA 70006

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Clovina Meyers

Address: 4930 Antonini
Metairie LA 70006

Vice President: Milton Meyers

Address: 4930 Antonini
Metairie LA 70006

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

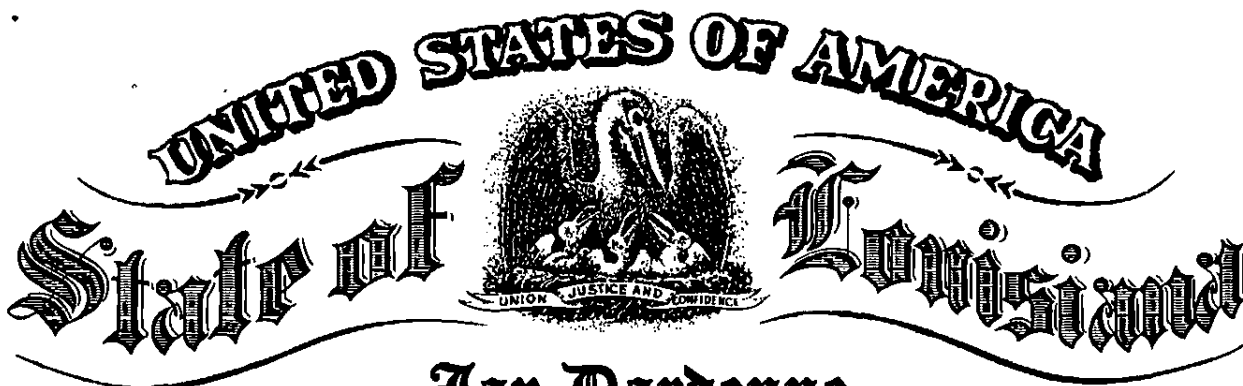
13. Clovina Meyers
(Signature of Director or Officer listed in number 12 of the application)

14. Clovina Meyers, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Jay Dardenne
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

MEYERS WAREHOUSE, INC.

A corporation domiciled in NEW ORLEANS, LOUISIANA,

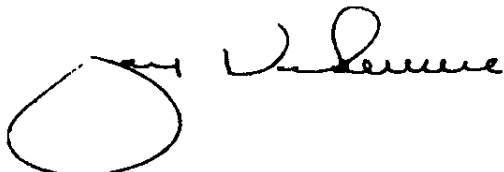
Filed charter and qualified to do business in this State on September 11, 1978,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 21, 2010


Secretary of State

Web GSC



Certificate ID: 10102532#62C42

To validate this certificate, visit the following web site,
go to **Commercial Division, Certificate Validation**,
then follow the instructions displayed.
www.sos.louisiana.gov

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TALLAHASSEE FLORIDA